

SENATE BILL NO. 282

BY SENATOR HEBERT AND REPRESENTATIVES CORTEZ, FRANKLIN, MONICA,  
PEARSON, ROY AND TALBOT

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

AN ACT

To enact R.S. 22:1879, relative to disclosure of health care provider network information to consumers; to provide for reporting of certain health care related information by health care facilities, certain facility based providers, and health insurance issuers; to provide for duties of the Department of Insurance and the Department of Health and Hospitals; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1879 is hereby enacted to read as follows:

**§1879. Louisiana consumer health care provider network disclosure**

**A. (1) No later than March 31, 2010, or within thirty days of the effective date of a new contract, each hospital or ambulatory surgical center, hereinafter referred to as "facility" or "contracted facility" for purposes of this Section, shall provide to each health insurance issuer with which it contracts, the National Provider Identifier (NPI) as set forth in 45 CFR §162.402 et. seq., name, business address, and business telephone number of each individual or group of anesthesiologists, pathologists, radiologists, emergency medicine physicians, and neonatologists who provide services at that facility. Thereafter, the facility shall notify each health insurance issuer of any changes to the information as soon as possible but not later than thirty days following any**

1 change.

2 (2) No later than March 31, 2010, or within thirty days of the effective  
3 date of a new contract, each individual or group of anesthesiologists,  
4 pathologists, radiologists, emergency medicine physicians, and neonatologists  
5 who provide services at a contracted facility shall provide the health insurance  
6 issuer with which it is contracted, the NPI, name, business address, and business  
7 telephone number of each group or individual so contracted. Thereafter, the  
8 group or individual so contracted shall notify each health insurance issuer of  
9 any changes to the information as soon as possible but not later than thirty days  
10 following any change.

11 B. (1) Based on information received pursuant to Paragraphs (A)(1) and  
12 (2) of this Section, a health insurance issuer shall report on its website, no later  
13 than June 30, 2010, in a format that is clear and easy for its enrollees to  
14 understand, the following information arranged by contracted facility:

15 (a) Facility name, address, and phone number.

16 (b) The names, business addresses and business telephone numbers of  
17 each individual or group of anesthesiologists, pathologists, radiologists,  
18 emergency medicine physicians, and neonatologists who provide services at that  
19 facility and who are contracted with the health insurance issuer.

20 (2) For each specialty at each contracted facility, there shall be a clear  
21 indication when the health insurance issuer has no contract in place with any  
22 of the individuals or groups of anesthesiologists, pathologists, radiologists,  
23 emergency medicine physicians, and neonatologists who provide services at that  
24 contracted facility.

25 (3) A health insurance issuer shall update its website as soon as possible  
26 but not later than thirty days following receipt of any updated information or  
27 within thirty days of the effective date of a contract.

28 C. No later than June 30, 2010, a health insurance issuer shall provide  
29 a link to its website containing the information described in Subsection B of this  
30 Section to the Department of Insurance. No later than July 31, 2010, the

1        Department of Insurance shall make available on its website, the links received  
2        from health insurance issuers.

3                D. Except as otherwise provided in Subsection G of this Section, the  
4        Department of Insurance may promulgate rules and regulations to provide for  
5        civil fines payable by a health insurance issuer not to exceed five hundred  
6        dollars for each and every act of violation of the requirements of this Section,  
7        not to exceed an aggregate fine of fifty thousand dollars. For purposes of this  
8        Subsection, "act of violation" is limited to an intentional act or an act of gross  
9        negligence.

10              E. The Department of Health and Hospitals may promulgate rules and  
11        regulations to provide for civil fines payable by a health care provider not to  
12        exceed five hundred dollars for each and every act of violation of the  
13        requirements of this Section, not to exceed an aggregate fine of fifty thousand  
14        dollars. For purposes of this Subsection, "act of violation" is limited to an  
15        intentional act or an act of gross negligence.

16              F. A health insurance issuer that reports information received from a  
17        health care provider shall indemnify and hold the health care provider harmless  
18        for the nonintentional erroneous or incomplete information provided by the  
19        health care provider to the health insurance issuer under the provisions of this  
20        Section. A health care provider that provides information to a health insurance  
21        issuer under the provisions of this Section shall indemnify and hold the health  
22        insurance issuer harmless for nonintentional erroneous or incomplete  
23        information reported by the health insurance issuer under the provisions of this  
24        Section. The penalties under this Section shall be the exclusive remedy for any  
25        violations and there shall be no independent cause of action by any person based  
26        upon such violation or other information reported hereunder.

27              G. The provisions of this Section shall apply to the Office of Group  
28        Benefits; however, the commissioner of insurance shall not be authorized to levy  
29        a fine against the Office of Group Benefits. If the commissioner of insurance  
30        concludes that the Office of Group Benefits has violated this Section, the

1            commissioner of insurance shall notify the commissioner of administration in writing within sixty days of such violation.

\_\_\_\_\_  
PRESIDENT OF THE SENATE

\_\_\_\_\_  
SPEAKER OF THE HOUSE OF REPRESENTATIVES

\_\_\_\_\_  
GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: \_\_\_\_\_